Quantity of clot lysed after catheter-directed thrombolysis for iliofemoral deep vein thrombosis correlates with postthrombotic morbidity

This article presents an institution's experience with thrombolytic therapy in an attempt to assess whether the reduction in venous clot burden at the time of acute therapy correlates with long-term morbidity. They reviewed 42 patients with deep venous thrombosis (DVT) who underwent catheter-directed therapy for outcomes and quality of life assessment. They conclude that the magnitude of thrombus removed directly correlates with long-term outcome.

Endovascular treatment of DVT is governed by component coding for the use of catheters, imaging, and intervention. Additionally, the article describes all therapies as percutaneous in the lower extremity. If access is obtained using ultrasound guidance, CPT code 76937 is reported and describes the evaluation of the veins for puncture and guidance of the needle entry during the endovenous access. Reimbursement is predicated on digital archiving or placement of a hard-copy printout in the medical record in addition to the dictated angiography report.

Catheters may be inserted into the lower extremity venous system through a popliteal or femoral puncture and then advanced non-selectively into the inferior vena cava (IVC). There is no difference from a coding perspective based on access point. No selective manipulation of the catheter is usually required. If the catheter remains in the ipsilateral popliteal, femoral, or iliac systems, CPT code 36005 is appropriate. However, CPT code 36010 is more fitting when the catheter is directed into the IVC. CPT code 36005 should not be reported in addition to 36010 for a single catheter, since the work of placing the device in the extremity vein is bundled into the additional work required to traverse any clot and reach the central venous system. If bilateral access is necessary, the second catheter code is reported with a −59 modifier to clarify that the second cannulation was separate and distinct.

The diagnostic imaging in this series is generally ascending venography of each lower extremity followed by IVC angiography. CPT code 75820 describes a unilateral extremity venogram. It is inappropriate to report 75820 twice in the clinical scenario where both legs are assessed. Use of CPT code 75822 depicts a bilateral imaging study. Last, angiography of the IVC is reported by CPT code 75825. If the patient has had prior contrast venography in this clinical condition, the diagnostic evaluation is not reportable. If no such imaging exists, the codes require use of the −59 modifier at the time of intervention to ensure appropriate reimbursement.

Patients may require insertion of an infrarenal IVC filter to prevent large pulmonary emboli during therapy. CPT code 37620 and the radiology supervision and interpretation code 75940 describe such an intervention. It is important to note that CPT code 37620 has an associated 90-day global period. There is no difference with regard to insertion of a permanent implant as compared to that of a temporary device.

Unlike in the arterial system, percutaneous mechanical thrombectomy (PMT) in the venous circulation is billed per date of service. CPT code 37187 includes the venous thrombectomy with any intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance on the initial day. In the case where iliofemoral thrombus is treated in both extremities, the bilateral modifier (−50) is appended. PMT performed at a separate setting in the course of therapy is reported by CPT code 37188 for each subsequent day of treatment.

Overnight thrombolytic infusion is a separately defined service. The word *infusion* in the CPT world requires pump delivery of the agent in an area outside of the angiography suite, as opposed to *injection*, which involves attaching a syringe to a catheter and hand delivery. Injection of a thrombolytic agent is not separately reportable. When the PMT is incomplete and additional thrombolysis is desired, CPT codes 37201 and 75896 are reported once on the first day of treatment, despite the duration of therapy. Evaluation of the venous system by contrast imaging on a subsequent day or setting is reported by CPT code 75898 (*Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion*). The diagnostic extremity and IVC venography coding is not reported on successive assessments. Additionally, the infusion catheter may be exchanged to continue thrombolysis and reposition the catheter for optimal drug delivery. The removal and replacement of this catheter is described by CPT codes 37209 and 75900.

Removal of a temporary IVC filter after completion of therapy has no specific CPT coding at this time. Many physicians believe that CPT codes 37203 and 75961 [defined as *Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)*] would be appropriate while others feel the unlisted vascular surgery code (CPT code 37799) is more fitting. Please consult your local carriers for the appropriate reporting option in your region.

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Last, angioplasty and/or stenting of any strictured vein unmasked with clot dissolution would be reported as described in a prior CPT Advisor section article.[1]

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REFERENCE

1. Roddy SP. Percutaneous recanalization of total occlusions of the iliac vein. J Vasc Surg 2009;50:465.

REQUEST FOR SUBMISSION OF SURGICAL ETHICS CHALLENGES ARTICLES

The Editors invite submission of original articles for the Surgical Ethics Challenges section, following the general format established by Dr. James Jones in 2001. Readers have benefitted greatly from Dr. Jones' monthly ethics contributions for more than 6 years. In order to encourage contributions, Dr. Jones will assist in editing them and will submit his own articles every other month, to provide opportunity for others. Please submit articles under the heading of "Ethics" using Editorial Manager, and follow the format established in previous issues.